

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

03-003

2. STATE

MA

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.50 through 447.88

7. FEDERAL BUDGET IMPACT:

a. FFY03 (\$7,500,000)

b. FFY04 (\$10,000,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.18-A, p. 1; Attachment 4.18-C, p. 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

Massachusetts (03-003)

approved: 06/04/03

effective: 01/01/03

10. SUBJECT OF AMENDMENT:

Pharmacy Copayments

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Not required under

42 CMR 430.12(b)(2)(ii)

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Douglas S. Brown

13. TYPED NAME:

Douglas S. Brown

14. TITLE:

Acting Commissioner

15. DATE SUBMITTED:

16. RETURN TO:

Laura Watson

State Plan Coordinator

Office of the General Counsel

Division of Medical Assistance

600 Washington Street

Boston, MA 02111

Charges Imposed on the Categorically Needy

- (A) Services for which a charge is applied include Medicaid-reimbursable prescription drugs and non-emergency services provided in a hospital emergency room.
- (B) Nature of the charge imposed on each service is a copayment.
- (C) Amount and basis for determining the charge is \$3.00 for each non-emergency service provided in a hospital emergency room and \$2.00 for each Medicaid-reimbursable prescription drug. No copayment is required for family planning services or supplies.
- (D) Method used to collect the charge is edits in the claims processing system which automatically deducts the copayment amount unless the provider codes the claim indicating that the recipient meets the criteria contained in 42 CFR §447.53 (6).
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers is the individual's statement to the provider that he or she does not have the money to pay for the service at the time the service or prescription is provided.
- (F) Procedures for implementing and enforcing the exclusions from cost sharing include notices to recipients and providers regarding the copayment requirements, edits to the claims processing system.